

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Print)

Company Atlantic Logistics Management

Address 6350 Lake Oconee Pkwy, Suite 102 #22

City Greensboro State GA Zip 30642

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTAIRILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# APPLICANT TO COMPLETE

(answer all questions)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address

Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Have you lived at this address 3 or more years? \_\_\_\_\_  
If no, please provide previous address below.

Previous Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

(Answer only if a job requirement)

Can you perform, with or without reasonable accommodation, the essential functions of the job (as described to you)?

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

**(NOTE: List employers in reverse order starting with the most recent. Send an additional sheet if necessary.)**

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? (ANSWER YES OR NO)			
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (ANSWER YES OR NO)			

**EMPLOYMENT HISTORY (continued)**

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED? (ANSWER YES OR NO)			
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? (ANSWER YES OR NO)			
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
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EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
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\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**EMPLOYMENT HISTORY (continued)**

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
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## ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FIAR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of \*consumer reports\* and/or \*investigative consumer reports\* by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administration, state, or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to release any and all background information requested by Atlantic Logistics Management, 6350 Lake Oconee Pkwy, Suite 102, #22 Greensboro, GA 30642. I agree that a facsimile (\*fax\*), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, disclosed to you by employer, directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please write yes below if you would like a copy of a consumer report if one is obtained by the Company. \_\_\_\_\_

**California applicants only:** Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail, CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRA.
- \*Proper Identification\* Includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such persons' presence.

Please answer yes in the area below if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION TEST

Atlantic Logistics Management (\*the Company\*) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “Investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as you neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (\*driving records\*), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification.

A consumer report will be conducted by Atlantic Logistics Management, 6350 Lake Oconee Pkwy, Suite 102, #22 Greensboro, GA 30642. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Print Legal Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## MEDICAL HISTORY

HAVE YOU EVER HAD	YES OR NO	HAVE YOU EVER HAD	YES OR NO
Do you smoke?		Insomnia or other sleep disorders	
Hand/Wrist/Arm Injury		Skin disease or allergy	
Malaria or tropical disease		Thyroid or goiter trouble	
Blood, puss or albumin in urine		Eye trouble (except glasses)	
Sugar in urine or diabetes, excessive thirst		Reaction to drugs or medications	
Hernia or rupture		Accidents or injuries	
Cancer or tumors		Kidney or bladder disorders or trouble	
Varicose veins or swelling of feet		Prostate problems	
Joint pains, arthritis or bursitis		Ear or hearing trouble	
Osteomyelitis		Syphilis or Gonorrhea	
Broken bones		Chest pain or angina	
Prolonged tiredness or fatigue		High Blood pressure	
Anemia or blood disease		Heart disease or attacks	
Asthma or bronchitis		Any heart problems	
Hay fever or other allergies		Rheumatic fever	
Frequent colds or sore throats		Shortness of breath	
Persistent or chronic cough		Tuberculosis or lung problems	
Cough, spit up or vomit blood		Head injury	
Stomach ulcer or intestinal trouble		Joint problems	
Rectal trouble or hemorrhoids		Epilepsy, fits, or convulsions	
Blood or black stools		Hepatitis, liver trouble or jaundice	
Have you ever been treated for back problems?		Have you ever been hospitalized?	
Have you ever had back surgery, injury or disease?		Have you ever had surgery?	
Have you ever been treated by a chiropractor?		Are you presently taking any medications?	
Have you ever received counseling?		Have you ever been hurt on the job?	
Convulsions		Have you ever received Work Comp benefits?	
Have you ever had any drug or alcohol problems?		Do you have a lawsuit pending as a result of illness, accident, or employment?	
Have you ever received counseling for drug or alcohol problems?			

IF you answered “yes” to any question above, please explain below:

I hereby certify that all this medical history is correct and complete to the best of my knowledge. I willingly submit this information and understand that it will become part of my medical record.

I hereby authorize Atlantic Logistics Management to obtain any medical documentation or information concerning my past, present, or future medical condition from any provider of such information. I hereby release all such persons from any liability or damages.

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
DATE

**ATLANTIC LOGISTICS MANAGEMENT**  
**6350 Lake Oconee Pkwy Suite 102 #22**  
**GREENSBORO, GA 30642**

**SE REGIONAL OFFICE: (770) 365-9407**  
**NE REGIONAL OFFICE: (734) 788-0856**  
**SW REGIONAL OFFICE: (972) 413-9194**

**Please Fax to: (888) 908-6861**



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**Memo: TO ALL NEW CONTRACT EMPLOYEES**

We want to extend our best wishes to you on your new employment endeavor. Several items need to be addressed concerning your new employment including your understanding about your employment, your responsibilities, and the payroll process.

Each employee shall be considered as an "independent contractor" engaged in providing service to Atlantic Logistics Management (hereafter known as ALM) and any client company that you are referred to for employment purposes. As an independent contractor, each employee shall be responsible for any cost involved or associated with the incident or accident and/or any injury or injuries occurring during your contract employment period. Each driver shall operate their designated vehicle according to, and within the guidelines of the State and Federal Department of Transportation and the regulations under the Federal Motor Carrier Safety Regulations guidelines as directed by US DOT. Each contract employee is required to have and wear 'steel toe' boots or shoes at all times when working.

Understand that for the purpose of contract employment, any assignment(s) shall be considered as a 'casual' assignment and a one-time occurrence, whether they are daily, 'temp to perm' or long-term lease assignment(s).

ALM does not dispatch. All dispatch and work assignments are given to you directly by the client. ALL contract employees shall report to their assigned position at the client's location and at the designated time as directed by the client. Failure to report on time or failure to report at all without advance notice could result in reduction of pay or termination. We are paying top wages for your assignment and expect your fullest attention and professionalism.

The assigned client determines your payroll. They compute your time and turn it in to our payroll personnel. It is best that you turn in all necessary paperwork required by the client as soon as possible. You are responsible for getting your time in to your immediate supervisor. Be sure your logbooks (if required) are completed and returned as directed by the client. Any delay in receiving your time could delay in the receipt of your pay. Your client will submit your time worked for the previous week to us each Monday. Please verify that your client has sent us your time. Any errors that occur could create payment delay. We will not pay on "verbal" authorization.

You will be paid on a weekly basis. Our weeks are Sunday morning, 12:00:01 AM through Saturday 12:00:00 AM (midnight). Remember that you will be paid the Friday following the previous work week. You will be paid via direct deposit. We do not issue advances. Your paystub will be sent to the email address on file. Please inform us of any address, phone number or email address changes.

If you leave your assignment or your assignment completes, please call us so we can follow up on final pay issues. You will not be issued a final paycheck until we have received clearance from the client. The client must inform us that you have returned all issued equipment (cell phone, fuel card, etc.) Again, be sure that you call after the end of your assignment. If you are not happy with your current assignment, please call and speak with us. We may be able to offer you a different assignment. Do not leave without informing your direct supervisor and ALM.

Contract drivers are subject to periodic drug screening, as well as initial and periodic MVR and Criminal Background checks per DOT requirements. If we find that you have not reported an accident, citation, or license suspension, you may be subject to immediate termination and final pay may be forfeited. Drive safely and keep the MVRs clean.

Best of Luck, have fun and be safe!  
Atlantic Logistics Management

The signature below shall acknowledge that for purposes of contract employees, I have received and understand these instructions and that I will follow and abide by them to the best of my ability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_